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CONFIRMATION NO. 5766

<b>SERIAL NUMBER</b> 10/694,383	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> HYB-005US4
<b>APPLICANTS</b> Ekambar R. Kandimalla, Southboro, MA; Qiuyan Zhao, Southboro, MA; Dong Yu, Westboro, MA; Sudhir Agrawal, Shrewsbury, MA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/965,116 09/26/2001 PAT 7,262,286 which is a CIP of 09/712,898 11/15/2000 ABN and claims benefit of 60/235,453 09/26/2000 and claims benefit of 60/235,452 09/26/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/14/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 8
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 99488				
<b>TITLE</b> MODULATION OF IMMUNOSTIMULATORY ACTIVITY OF IMMUNOSTIMULATORY OLIGONUCLEOTIDE ANALOGS BY POSITIONAL CHEMICAL CHANGES				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	